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ABSTRACT

The proposed study will examine some critical therapist characteristics (skin color, speech rhythm, expertise levels, and counseling approach) possessed by present Chicano mental health personnel. One hundred and sixty lower division Mexican American college students will be asked to rate the therapist on expertness, attractiveness, trustworthiness, and suitability for personal disclosure. The affect of these therapist characteristics on the students' ratings will be examined. The students, who are to be of low or middle socioeconomic status, are to react to a videotape and audiotape "therapy session" portraying a Chicano psychotherapist. A 2x2x2x2 factorial analysis of variance is to be used. Independent variables are to be ascription of professional/nonprofessional title (Dr./Mr.) and qualifications, and directive vs. nondirective text in the vignette shown to the subjects. Two questionnaires are to be used to rate the therapist expertness, attractiveness, trustworthiness, and suitability for personal disclosure. Seven hypotheses favoring nonprofessional and directive therapy (where over half of therapist responses ask specifics or urge rationality) rather than nondirective (with restatement echoing) are posited. Thus given doubts of the averred Chicano therapist expertise, the Spanish-accented speech rhythm is nevertheless expected to induce impressed subjects' cooperation and "handicap empathy". (SC)

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MEXICAN AMERICANS' PERCEPTIONS OF DIFFERENTIAL CHICANO THERAPIST CHARACTERISTICS

Joe L. Lerma

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Introduction

Persons born or living in the United States and being of Mexican extraction comprise the second largest ethnic minority population in this country (U. S. Bureau of the Census, 1971a, 1971b). Mexican Americans, or Chicanos, total more than 5,000,000 of the population in the United States.

There are very few Mexican American psychologists and psychiatrists in private practice or in academic settings. A recent study has identified 58 Spanish-speaking-surnamed (SSS) psychologists out of a pool of approximately 28,500, and 20 psychiatrists out of a reported number of 1,600 (Ruiz, 1971). To compound the seriousness of this shortage of professionally trained Chicano psychologists, 30 out of the reported 58 psychologists were Spaniards. This is a gross underrepresentation and illustration of the scarcity of trained Chicano mental health researchers and practitioners, and might be related to the relative shortage of culture-specific literature on this ethnic minority population.

It is the expressed purpose of this investigation to look at some critical therapist characteristics that are possessed by present Chicano mental health personnel. Moreover, these characteristics represent physical and acquired aspects of psychotherapists who differ in therapeutic approach orientation, levels of expertise, speech rhythm, and skin color. The first two variables or characteristics deal with their utilization of directive or nondirective approaches to counseling, and their status as either professionals or nonprofessionals in the mental health profession. Speech rhythm refers to whether therapists speak with an unaccented or a Spanish-accented speech rhythm. Finally, skin coloration broadly refers to the range in skin

pigmentation that can be found in the Mexican American population along the two extremes of a dark-brown and white skin coloration. This last characteristic is a relatively recent historical phenomenon, and it is representative of the effects of the process of intermarriage between Spaniards and the Indian inhabitants during the colonization of Mexico in the sixteenth century.

A significant amount of research has generated out of Strong's (1968) prediction of the existence of three dimensions of perceived counselor behavior. These dimensions of perceived counselor expertness, attractiveness, and trustworthiness have been studied both in isolation and in regard to their comparative influence potential. However, virtually none of these studies have examined these three dimensions and self-disclosure levels of Mexican American subjects who are exposed to Chicano psychotherapists varying on the characteristics of skin color, speech rhythm, expertise, and counseling approach utilization. Bearing in mind the underrepresentation of Mexican American psychologists (Ruiz, 1971), Albee's (1968) observations and criticisms of the human power shortage within the mental health field, and Padilla's (1971) call for more indigenous nonprofessional personnel utilization for the Mexican American population, there is a great need to investigate how these therapist characteristics of skin color, speech rhythm, levels of expertise, and counseling approach utilization affect Mexican American subjects' ratings for the therapist on expertness, attractiveness, and trustworthiness dimensions as well as their indications of self-disclosing personally relevant material

to these characteristically different therapists. There have been no investigations, to this author's knowledge, that have collectively explored these variables of therapist characteristics and Mexican Americans' perceptions and levels of self-disclosure. It is hoped that this study will shed more light on those dimensions and provide reasonable and explanatory suggestions for the results that are found.

Method

Subjects

The 160 subjects for this study will be recruited at a university in south Texas. Written advertisements in the form of pamphlets and sign-up sheets will be posted in various designated areas within this university setting. In order to insure a fair degree of randomization as well as to control for age, socioeconomic, and educational variables, subjects will be invited to participate in this study if they meet the following requirements: (a) freshman or sophomore status, (b) 18 to 20 years of age, (c) of Mexican American extraction, and (d) the occupation of the head of their household corresponds to the medium and low rank of Hunt and Cushing's (1970) "Occupations" category of the status dimensions. The medium rank includes the clerical and sales, skilled workers, protective workers, and farm manager categories. The low rank includes the semiskilled, operative and kindred workers, service workers, unskilled laborers, and farm operator categories.

In order to avoid undue embarrassment at having to identify with personally relevant material of the type mentioned above, the subjects will only be required to write their first name, their telephone number, and a schedule showing the hours of the day or night in which they can most likely be contacted. After a total of 160 subjects have signed up and identified themselves as meeting these requirements, a table of random permutations of 16 numbers (Winer, 1971) will be utilized in the assignment of individuals to the 16 treatment groups. In order to avoid the effects of fatigue on the part of the experimenter, it has been decided arbitrarily to schedule only four treatments per day. Furthermore, these experimental sessions will be conducted in a quiet, well-equipped room where materials and supplies

as well as their administration can be conducted with a minimal degree of encumbrances.

Apparatus

Audiotapes. Two audiotapes designed to vary on the independent variable of therapist expertise will be produced. These audiotape segments will be adhered to and spliced off from the eight videotapes which vary the independent variables of therapist skin color, therapist speech, and therapeutic approach utilized by the therapist. Since the audiotape segments will be developed separately from the videotapes, a total of 10 tapes will need to be produced. This is in contrast to the 16 needed videotapes which would have been produced had the audiotapes not have been produced separately, and hence, makes sense economically in terms of money and time.

The therapist's name will be the same on both introductory audiotape segments (i.e., "Raul Martinez"). In the "professional" introduction condition, the therapist will be introduced as "Dr. Raul Martinez," whereas in the "nonprofessional" introduction condition he will be introduced as "Mr. Raul Martinez." Corresponding high or low descriptions of his expertise will follow each of these introductions.

Videotapes. The two scripts which vary on the dimension of therapeutic approach (directive and nondirective) are identical to the ones which Atkinson, Maruyama, and Matsui (1978) used in their study of Asian Americans' perceptions of counselor credibility and utility with only one exception. The introductory section, which contains 16 counselor responses and is approximately 3 minutes long, will not be utilized. Inspection of the effects of removing this

introductory section does not indicate that the counseling interaction will be disturbed with respect to the logical flow of the discussion. However, this point will be checked when a re-validation of the scripts will be conducted.

These two scripts portray a counselor working with a student who has career goals that are different from those of his parents. Each of these scripts contains 29 counselor responses and have been found to be approximately 8 minutes long when audiotaped. The client responses are the same, but the counselor's responses vary substantially. One portrays a directive, rational, and logical style, whereas the other portrays a nondirective, affective, and reflective style.

Both of these scripts were content analyzed by means of rating each of the counselor responses according to the Tilley and Zimmer Taxonomy of Counselor Responses (see Note 1). This instrument is a 13-category schema which is a refinement of earlier schemas (Zimmer & Pepyne, 1971). It was found that two-thirds of the rated responses in the directive script were identified as either establishing cognitive set, which is defined as an introduction and invitation by the counselor to proceed in a rational, intellectual style, or eliciting specificity. The latter was defined as any counselor response which seems designed to elicit a response from the client in a specific area. For the nondirective script, three out of five rated responses were categorized as either restatement, which is taken to mean as literally repeating client responses, or summarization. This was elucidated to mean any counselor response

which paraphrases or condenses the semantic content of the client's verbalizations. As a check on all of these characterizations, 15 additional raters of both minority and nonminority persuasion will be recruited to validate the produced videotapes (in contrast to Atkinson et al.'s audiotapes), again using the Tilley and Zimmer Taxonomy of Counselor Responses

Auxiliary Personnel

Three co-workers, two actors and one narrator, in addition to the principle investigator, will need to be employed. The rationale behind using a narrator instead of one of the actors or the principle investigator is solely to control for voice effects, which if not controlled, could conceivably contaminate the investigation directly (the independent variable of therapist speech) or indirectly (the principle investigator's administration of the treatment sessions).

These three auxiliary personnel will be recruited from the Departments of Communication and Drama at The University of Texas at Austin. The requirements for the narrator will consist simply of appropriate past experience, standard voice quality, and the ability to pronounce Spanish words with no detectable Anglicized accent. Since it is possible to change skin color through the use of theatrical make-up in nondetectable ways, and since changing a light-skinned person into a brown-skinned appearance is easier than the vice versa (see Note 2), the requirements for the therapist actor will consist of possession of the following characteristics: (a) light-skinned coloration with dark hair, (b) ability to communicate in English with an unaccented speech rhythm and a Spanish-accented speech rhythm, but at no time should one of

these features be operative during the performance of the other. The requirement of dark hair is mentioned here to control for the contaminating effects of having a dark-skinned Mexican American therapist with brownish or blondish hair, since such a combination in the investigator's experience is quite rare and is thought to introduce uncontrolled effects.

A minimum of five individuals for each of these groups of auxiliary personnel will be asked to appear for a "screen test." Their selection for this screen test will consist of having met the following criteria. (a) be of average height, weight, and build, with no outstanding physical characteristics (e.g., beards, handicaps, scars, etc.) which may influence opinions in uncontrolled ways; (b) have appropriate past experience, such as role-playing or acting; and (c) demonstrate an interest in and commitment to their assignment.

These three individuals chosen will be given ample practice in the various features of their role play. Efforts will be made to insure that the delivery of the scripts will be constant for each of the vignettes with respect to the quality and emotional tone. This activity will be done through rehearsals, coachings, and retakes of the scenes. When it is felt that the best possible performance is obtained, seven raters will be employed to rate the videotapes to further insure their equality.

The actors' dress will be neither too casual (e.g., blue jeans) nor too formal (e.g., business suits). Furthermore, they are to wear the same set of clothes throughout all of the scenes. This added precaution is necessary in order to insure that constancy throughout all scenes be maintained. In a similar vein, all videotapings of the sessions will be done in the same room. Extraneous and distracting objects or paraphernalia will be removed to that concentration on the therapeutic interaction will be maximized.

Statistical Analysis

A 2 x 2 x 2 x 2 factorial type analysis of variance will be utilized in this study (Winer, 1971). As can be seen in Table 1 in the Appendix, each of the independent variables of therapist's skin color, therapist's speech, therapist's expertise, and therapeutic approach utilized by the therapist will contain two levels.

These four independent variables will be manipulated in all possible combinations for a total of 16 treatments in an attempt to ascertain their effects on the four dependent variables. The latter will consist of measures designed to tap the following areas:

1. Subjects' ratings on the therapist expertness dimension.
2. Subjects' ratings on the therapist attractiveness dimension.
3. Subjects' ratings on the therapist trustworthiness dimension.
4. Subjects' ratings on the degree to which they would disclose personally relevant material to the therapist.

Measures

An adapted version of the One Word Sentence Completion Test, Form 62 (Veldman, Menaker, & Peck, 1968) will be administered to the subjects immediately after viewing the videotape. This 30-item version will be utilized as the self-disclosure measure. Subjects will be asked not to fill in the blanks, but rather to think about how they would complete each item and indicate on a 4-point scale the degree to which they would be willing to talk to the videotaped therapist on each item.

The subjects will then be administered an adapted version of the Counselor Rating Form (Barak & LaCross, 1975). The original instrument

consists of 36 bi-polar adjectives rated on a 7-point scale. This instrument measures and provides reasonable support for Strong's (1968) assertions on the existence of perceived counselor expertness, attractiveness, and trustworthiness as separate yet theoretically related dimensions of counselor behavior. Split-half reliability coefficients using the Spearman-Brown formula have been found to be .874 for expertness, .850 for attractivenes, and .908 for trustworthiness (LaCrosse & Barak, 1976).

The adapted version of this instrument consists of 7 items from each of the 12-item dimensions of counselor expertness, attractiveness, and trustworthiness. This 21-item adapted version was selected on the basis of extracting 7 items from each dimension which had the average highest factor loadings across the three therapists (i.e., Rogers, Ellis, and Pearls) employed in the original Barakand LaCrosse (1975) study. The 21 items will be presented in random order to all subjects participating in the study.

Hypotheses

The rationale underlying each of the hypotheses will be considered in this section. Although the literature on the low SES patient as well as Overall and Aronson's (1963) study on the low SES patient's expectations toward treatment of a more directive nature are related tangentially to this conceptualization, the major underlying rationales for the specific predictions to be generated proceed most logically from the Atkinson et al. (1978) and Acosta (1975) studies on therapist ethnicity and therapeutic approach as well as the earlier observations on the psychosocial effects of skin color that were noted by Gamio (1930).

An overall test of significance (ANOVA) will be performed on each of the independent variables of therapist skin color, therapeutic approach, therapist expertise, and therapist speech. The following hypotheses are predicted in advance of this overall test of significance:

H1. Mexican American subjects will rate the therapists of white-skin coloration significantly higher than the therapists of brown-skin coloration on the dimensions of expertness, attractiveness, and trustworthiness. These subjects will also indicate a significantly greater willingness to disclose personally relevant material to the therapists of white-skin coloration than to the therapists of brown-skin coloration.

Rationale for Hypothesis 1. It has been noted that a client's first impressions of the therapist are formed early during the initial stages of psychotherapy. Moreover, these first impressions are based on the therapist's physical characteristics and on the attributes that are inferred from these characteristics or that are otherwise attributed to the therapist by the perceiver (Newcomb, Turner, & Converse, 1965).

In the absence of specific literature exploring this dimension of therapist skin color, Gamio's (1930) observations of color prejudice have been noted. The positive aspects of white-skin coloration and the negative aspects of dark-skin coloration which the Mexican immigrant experienced in the United States were considered to have engendered a generalized internalization of negative attributes associated with dark-skin pigmentation and positive attributes associated with white-skin pigmentation. Thus, one may generally expect Mexican American subjects to rate the white-skin therapists significantly higher

on the expertness, attractiveness, and trustworthiness dimensions as well as indicate a significantly greater degree of personal self-disclosure to the white-skin therapists than to the therapists of brown-skin coloration.

H2. Mexican American subjects will rate the therapists who employ the directive counseling approach significantly higher than the therapists who employ the nondirective counseling approach on the dimensions of expertness, attractiveness, and trustworthiness. These subjects will also indicate a greater willingness to disclose personally relevant material to the therapists who employ the directive counseling approach than to the therapists who employ the nondirective counseling approach.

Rationale for Hypothesis 2. Atkinson et al. (1978) found groups of Asian American subjects to rate the counselor as more credible and approachable when employing a directive counseling approach than when using the nondirective counseling approach. Their rationale for conducting this investigation was based on earlier accounts of Asian American family socialization processes which describe Asian American children from traditional families as tending to hide their feelings and experiencing cultural conflict when confronted with a counselor who wants to deal with affect. The traditional patriarchal Asian American family was hypothesized to induce greater feelings of comfortableness in Asian American subjects when dealing with structured situations characteristic of cognitive, trait factor, and rational-emotive approaches to counseling, and corresponding greater feelings of discomfort when dealing in ambiguous situations characteristic of many relationship-based approaches to counseling.

If the unquestioned and absolute supremacy of the Mexican father (Diaz-Guerrero, 1955; Hayden, 1966) and its influence in the socialization of children

parallels the experiences of Asian Americans, then one can expect a similar inclination or preference on the part of Mexican Americans toward psychotherapeutic interactions of a more directive nature. More specifically, one can expect Mexican American subjects to rate the therapists who employ the directive counseling approach significantly higher than the therapists who employ the nondirective counseling approach on the three dimensions of expertness, attractiveness, and trustworthiness as well as indicate a significantly greater willingness to disclose personally relevant material to the therapists who employ this directive approach than to the therapists who employ the nondirective approach.

H3. Mexican American subjects will rate significantly higher the therapists who are introduced under the nonprofessional introduction than the therapists who are introduced under the professional introduction on the dimensions of expertness, attractiveness, and trustworthiness. These subjects will also indicate a significantly greater willingness to disclose personally relevant material to the therapists who are introduced under the nonprofessional introduction than to the therapists who are introduced under the professional introduction.

Rationale for Hypothesis 3. In an analogue study utilizing an audiotape psychotherapy interaction between a client and a therapist, Acosta (1975) manipulated the therapist's status by either referring to him as a professional (high expert condition) or as a nonprofessional (low expert condition) with corresponding high or low descriptions of the therapist's expertise and experience. A group of Mexican American subjects and a group of Anglo American subjects were exposed to one of four experimental groups. Whereas both groups indicated a generally positive tendency to disclose aspects of themselves to

the therapists, Mexican Americans were found to disclose less to the Chicano therapists than did Anglo Americans to Anglo American therapists. Likewise, whereas both Mexican American and Anglo American subjects perceived the Chicano and Anglo American therapists as being moderately skillful, trustworthy, understanding, and attractive, both Mexican Americans and Anglo Americans were found to perceive these characteristics to a significantly greater extent in the Anglo American professional and the Mexican American nonprofessional. Acosta explained this apparent negative attitude toward the Chicano professional as being due to the subjects' disbelief in such a minority professional's existence. Likewise, Acosta noted Ruiz's (1971) grim figures on the gross underrepresentation of Mexican American clinical psychologists and psychiatrists. He extended the meaning of these findings with regard to his study by explaining that such highly qualified minority professionals are just not that visible to have achieved public credibility.

H4. Mexican American subjects will rate the therapists who speak with a Spanish-accented speech rhythm significantly higher than the therapists who speak with an unaccented speech rhythm on the dimensions of expertness, attractiveness, and trustworthiness. These subjects will also indicate a significantly greater willingness to disclose personally relevant material to the therapists who speak with this Spanish-accented speech rhythm than to the therapists who speak with an unaccented speech rhythm.

Rationale for Hypothesis 4. It was previously mentioned in reference to the Acosta (1975) study that while Mexican American and Anglo American subjects perceived both the Anglo American and Chicano psychotherapsts as being moderately skillful, trustworthy, understanding, and attractive, both groups of subjects perceived these characteristics to a significantly greater extent

in the Anglo American professional and the Mexican American nonprofessional. It should be noted at this point that Acosta utilized audiotapes to depict the therapist-client interaction, and as such, could vary the therapist ethnicity dimension solely by the latter's usage of either a Spanish-accented speech rhythm or an unaccented speech rhythm.

Some support for this hypothesis (4) can be found by extrapolating from the Brabham and Thoreson (1973) and Acosta (1974) studies on physically disabled therapists. Brabham and Thoreson (1973) proposed that a therapist who is perceived as "handicapped," either by life experiences or in a real physical sense, may elicit greater credibility and trust. Furthermore, Acosta (1974) found that in spite of the fact that Anglo American subjects attributed the most negative attitudes to a therapist introduced as a Chicano nonprofessional, they nonetheless endorsed a significantly greater degree of self-disclosure to this therapist than to a therapist introduced as a Chicano professional or as an Anglo American nonprofessional. The implications of these results is that an accented speech rhythm may indeed be perceived as a "handicap," and as such, could elicit significantly greater attributions of trust and credibility on the part of the perceivers.

H5. There will be an interaction between type of therapeutic approach and levels of therapist expertise, such that Mexican American subjects will rate the therapist higher when he is introduced under the nonprofessional introduction and employs the directive counseling approach, and lower when he is introduced under the professional introduction and employs the nondirective counseling approach on the dimensions of expertness, attractiveness, and trustworthiness as well as the self-disclosure scale. It is also anticipated that the therapists under the professional, directive condition and the

and the therapists in the nonprofessional, nondirective condition will be rated approximately at the same level on the three dimensions and the self-disclosure scale.

Rationale for Hypothesis 5. It is hypothesized based on the rationales for Hypotheses 2 and 3 that these two independent variables of therapist status or expertise and type of therapeutic approach utilized combine additively. More specifically, Mexican American subjects will perceive the nonprofessional therapists who employ the directive counseling approach significantly more positively and will indicate a greater willingness to self-disclose to these therapists than to the professional therapists who employ the nondirective counseling approach.

H6. There will be an interaction between type of speech rhythm spoken by the therapist and levels of therapist expertise, such that Mexican American subjects will rate the therapist higher when he is introduced as a non-professional and speaks with a Spanish-accented speech rhythm, and lower when he is introduced as a professional and speaks with an unaccented speech rhythm on the dimensions of expertness, attractiveness, and trustworthiness as well as the self-disclosure scale. It is also anticipated that the therapists in the professional, Spanish-accented speech rhythm condition and the therapists in the nonprofessional, unaccented speech rhythm condition will be rated approximately at the same level on the three dimensions and the self-disclosure scale.

Rationale for Hypothesis 6. It is hypothesized based on the rationales for Hypotheses 3 and 4 that these two independent variables of therapist status or expertise and type of speech rhythm spoken by the therapist combine additively. More specifically, Mexican American subjects will perceive the

nonprofessional therapists who speak with a Spanish-accented speech rhythm significantly more positively and will indicate a greater willingness to self-disclose to these therapists than to the professional therapists who speak with an unaccented speech rhythm.

H7. There will be an interaction between type of therapist skin coloration and levels of therapist expertise, such that Mexican American subjects will rate the therapist higher when he is of white-skin coloration and is introduced as a nonprofessional, and lower when he is of brown-skin coloration and is introduced as a professional on the dimensions of expertness, attractiveness, and trustworthiness as well as the self-disclosure scale. It is also anticipated that the therapists in the brown-skin, nonprofessional condition and the therapists in the white-skin, professional condition will be rated approximately at the same level on the three dimensions and the self-disclosure scale.

Rationale for Hypothesis 7. It is hypothesized based on the rationales for Hypotheses 1 and 3 that these two independent variables of therapist skin color and therapist status or expertise combine additively. More specifically, Mexican American subjects will perceive the white-skin nonprofessional therapists significantly more positively and will indicate a greater willingness to self-disclose to these therapists than to the brown-skin professional therapists.

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